



Georgia Department of Administrative Services
Risk Management Services Division
P. O. Box 38198, Capitol Hill Station
Atlanta, Georgia 30334

SUPERVISOR'S ACCIDENT INVESTIGATION

Trust • Excellence • Service

Location where accident occurred	Employer's Premises Yes <input type="checkbox"/> No <input type="checkbox"/>	Date of accident or illness
	Job Site Yes <input type="checkbox"/> No <input type="checkbox"/>	
Who was injured?		Time of Accident
Date Employed	Job Title	Department
Property/Equipment Damaged		
What was the employee doing when the injury/illness occurred? What machine or tool was being used? What type of operation?		
How did the injury/illness occur? List all objects and substances involved.		
Part of body affected/injured?		Any prior physical conditions? If so, what?
Nature and extent of injury/illnesses and property damaged (be specific)		

PLEASE INDICATE ALL OF THE FOLLOWING WHICH CONTRIBUTED TO THE INJURY/ILLNESSES:

Failure to Lockout _____	Improper maintenance _____	Poor housekeeping _____
Failure to Secure _____	Improper protective equipment _____	Poor ventilation _____
Horseplay _____	Inoperative safety device _____	Unsafe arrangement or process _____
Improper dress _____	Lack of training or skill _____	Unsafe equipment _____
Improper guarding _____	Operating without authority _____	Unsafe position _____
Improper Instruction _____	Physical or mental impairment _____	Other _____

Supervisor's corrective action to ensure this type of accident does not recur:

Was the employee trained in the appropriate use of Personal Protective Equipment/Proper safety procedures? _____

Was the employee cautioned for failure to use Personal Protective Equipment/Proper safety procedures? _____

Did the employee promptly report the injury/illness? _____

Is there modified duty available? _____

Supervisor's Name	Signature	Date	Phone Number
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